CDAINIO	THED FUMES. (Columb 1).	(Column 2)	TYPE		SMALL ENTI	
OTAL CLAWS.			RATE FE		;	EE
	NUMBER FILED	NUMBER EXTRA	b/sic HEL cro	UU OA	A H.I. 74(ا.ل
OTAL CHARGEABLE CLAIMS	=0\$ culini, . 1		X\$ 9=	OR	XS18 : 1	
	minus 3 ±	•	X42=	OR ·	X84=	
DEPENDENT CLAIMS ULTIPLE DEPENDENT CLAIM P	<u> </u>		+140=	OR	- 200-	
		- "o" in column 2		OR OR	TOTAL	-, ₋
If the difference in column 1 is	MENDED - PA	RT II	TOTAL STANDARD		OTHER TH	AN
(Column 1) CLAP'S REMAINING AFTER	PRE	OWDER PRESENT	1 11 11 11 11	DI- () NAL EE (MAIL TI	C.
AMENDMENT Total 18	Minus ** c	20 = 7	X\$ 9=	OR	VQ -	
Independent • 2 FIRST PRESENTATION OF L	Minus / *** MULTIPLE DEPENDE	ENT CLAIM	+140=	OR		
(Column 1 CLAIMS REMAINING AFTER AMENDMEN	PF	Olumn 2) (Column 3) HIGHEST NUMBER REVIOUSLY EXTRA PAID FOR	RATE TI	DDI- ONAL FEE	RATE 1	AD FIO
W Total	Minus **	=	X\$ 9=	OF		
Z Independent *	Minus ***		X42=	0	R X84=	
FIRST PRESENTATION OF	MULTIPLE DEPEND	DENT CLAIM [_]	, 140=	01	P +280=	
			ADOIT FEE	0	R ADDIT/FEEL	
(Column CLAIMS REMAININ AFTER	G	Column 2) (Column 3 HIGHEST NUMBER PREVIOUSLY EXTRA		ADDI- IONAL	RATE	A
AMENDME AMENDME	Minus *	PAID FOR =	X\$ 9)R X\$18=	
I U Independent ★	The state of the s	======================================	X42===	•	2R X84≡	
FIRST PRESENTATION C	Total and the second se	of the column 3.	+140= TOTAL 20. ADDIT-FEE		DR F280= TOTAL DB. ADDIT FEE	
*"If the entry in column 1 is less that the "Highest Number Previous" the "Highest Number Previous" the "Highest Number Previous".	sly Paid For IN THIS S	SPACE is less than 20, enter 5 SPACE is less than 3, enter 3 dependent) is the highest nur	AUDITATEC			